child because Yes No X	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	they meet a
closed. Have you Yes No X	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—I excluded from
Yes No 🔀	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	IPO—Did yo
OF THESE QUESTIONS	SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH	EXCLUSION OF
tion in this part must be answered and the schedule attached for each "Yes" response.	Id have any reportable Yes No X appropriate	V. Did you,) liability (mor if yes, com
irrangement with Yes \ No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, or exchange \$1,000 durii If yes, com
r before the date Yes No X	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes X No III. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	III. Did you, income of m reportable a if yes, com
receive any the reporting Yes No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	II. Did any individ lieu of paying you reporting period? If yes, complete
receive any egating more Yes No X	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	I. Did you on fees) of \$20 If yes, com
	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMI
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Member of the U.S. State: Activities Officer or Employing Office: House of Representatives District: Employee Annual (May 15, 2013) Amendment Officer or Employing Office: Employee Termination Date:	Status Report Type
2013 JUN 13 PH 1:56 AC Müdse Golffice Use Only)	Thomas B. Litter Daytime Telephone:	Name:
HAND DELIVERED	UNITED STATES HOUSE OF REPRESENTATIVES Form A CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees	UNITED

7	1 7 0 0
P	a) V.
7	20110
ナノターナ	Moras V. Collor

Page 2 of 8

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education Tasktate	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Spouse Moneratium	Amount \$6,000 \$9,000 \$1,000 NA

8 SP, more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at that is not publicly traded, state the name of the busiproperty," and a city and state. For rental or other real property held for investment, pro-vide a complete address or a description, e.g., "rental please refer to the instruction booklet For a detailed discussion of Schedule III requirements optional column on the far left. child (DC), or is jointly held with your spouse (JT), in the income source is that of your spouse (SP) or dependent If you so choose, you may indicate that an asset or ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was rental Exclude: Your personal residence, including second tion in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the not use ticker symbols.) Provide complete names of stocks and mutual funds (do reportable asset or sources of income which generated Identify (a) each asset held for investment or production from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived A= See continuation McKinsey Master bank of America checkin Examples: Asset and/or income Source both back Roth IRA: CD Ketiroment Trust SP P Mega Corp. Stock Simon & Schuster 1st Bank of Paducah, KY Accounts **BLOCK A** If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." used. year. If you use a valuation method other than fair market value, please specify the method spouse or dependent child. indicate value of asset at close of reporting ➣ None This column is for assets held solely by your ш \$1 - \$1,000 Indefinite O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 n BLOCK B × \$100,001 - \$250,000 ଉ \$250,001 - \$500,000 I \$500,001 - \$1,000,000 _ \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Z Spouse/DC Asset over \$1,000,000* iRAs), you may check the "Taxallow you to choose specific invest-Check all columns that apply. For income. Check "None" if the asset Deferred" column. Dividends, interretirement accounts that do not generated no income ments or that generate tax-deferred NONE reporting period. vested, must be disclosed as est, and capital gains, even if rein-× DIVIDENDS Type of Income RENT **INTEREST** BLOCK C × **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Royalties Other Type of Income ŧ (Specify: e.g., Partnership Income or Farm Income) This column is for income generated None assets held solely be disclosed as income. Check "None" if appropriate box below. Dividends, interest, the category of income by checking the dependent child. no income was earned or generated. and capital gains, even if reinvested, must "None" column. For all other assets, indicate Deferred" in Block C, For assets for which you checked 'Tax-= \$1 - \$200\$201 ~ \$1,000 Ξ Amount of Income 7 \$1,001 - \$2,500 < \$2,501 - \$5,000 BLOCK D ≤ \$5,001 - \$15,000 by your spouse ≦ \$15,001 - \$50,000 you may check the ≦ \$50,001 - \$100,000 \$100,001 - \$1,000,000 ⋝ × \$1,000,001 - \$5,000,000 ≚ Over \$5,000,000 ð â Spouse/DC Income over \$1,000,000 × \$1,000 in reporting or exchanges fransaction S (partial) year. (E) exceeding (P), sales (S) purchases asset had Indicate if the BLOCK E sold, please portion of 둉 See below (S) (partial) an asset is If only a for examtollows: indicate as ரைவு

Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

DC,

 $\mathrel{\mathfrak{h}}$

A Ham not prive

SP,

Name Thomas B. Cotton

Page 4 of 8

1				 	+-	╁	┢				_		-	_	1	\leftarrow	-	_		1		
Catalogue e to de la catalogue	,									ittee.	すべい	ein to and waive is reading	request total advisary	WY IN	rom which I have	Marker Retrement Trust	Vestments in the McKings	the under	からいか	I am not print to or		BLOCK A Asset and/or Income Source
					†												<u> </u>				None >>	
_					 								\vdash	\vdash			 			Н	\$1 - \$1,000	
_		-			+-		\vdash				 		 	1		+	-	T			\$1,001 – \$15,000	
_					t^-		 							 	1	<u> </u>	\vdash	-			\$15,001 - \$50,000	<
7			<u> </u>	 	†											 				 	\$50,001 – \$100,000 m	alı Y
7	_		_	├	†-		\vdash						\vdash	-			\vdash				\$100,001 - \$250,000	ie ea
7				<u> </u>	†								┢		\vdash			<u> </u>			\$250,001 – \$500,000 [©]	Year-End
_†			 	 	 								\vdash	1-	1		\vdash	ļ			\$500,001 ~ \$1,000,000 I	nd As
_+					† <u> </u>	 								 	1	 					\$1,000,001 - \$5,000,000 -	Year-End Value of Asset
7					 	-	ļ		-				t		_	 	T			 	\$5,000,001 - \$25,000,000	
_				1	╁─						 				ļ	 					\$25,000,001 - \$50,000,000 ~	
_				┢	†-								 	 				-			Over \$50,000,000	
7				<u> </u>	1								-			<u> </u>	 			l -	Spouse/DC Asset over \$1,000,000*	
-+	_				+							-			├-	\vdash				\vdash	NONE	*****
╌┼				 	<u> </u>								 	 	-	\vdash	_			H	DIVIDENDS	
+	-			-	╁─	-	\vdash							├	-	\vdash	\vdash	-			RENT	0
+				╁	-				-		l			╁┈	 	1			┢		INTEREST	▝▀▝
_+					╁		-		-				H	\vdash		1			├-		CAPITAL GAINS	Type of Income
\dashv				_									-	╁		 	┢┈				EXCEPTED/BLIND TRUST	3 6 6
-+				H							\vdash		╁	-			╁~″				TAX-DEFERRED	е
_+																					Other Type of Income (Specify: e.g., Partnership	
-+				_	 									-	-	-		_			income or Farm Income)	
_		_		<u> </u>	 	ļ		ļ .			<u> </u>	 	-	<u> </u>	}_	┼	<u> </u>	<u> </u>	 		None -	
-4					 		-						ļ	<u> </u>	-		ļ				\$1 - \$200	>
4				<u> </u>	 	<u> </u>							<u> </u>	1	ļ	↓		<u> </u>			\$201 - \$1,000	ä
-4		_	<u> </u>		 		ļ						<u> </u>	<u> </u>		-	 	lacksquare		ļ	\$1,001 - \$2,500	<u> </u>
_		ļ		<u> </u>	<u> </u>		_						<u> </u>	ļ	-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	\$2,501 - \$5,000 <	nt of Ir
-+			<u> </u>		 		<u> </u>	<u> </u>				<u> </u>			 	_	_	<u> </u>	<u> </u>		\$5,001 - \$15,000	5
		_		Ĺ.,	<u> </u>						<u> </u>		<u> </u>	<u> </u>		1	_	<u> </u>			\$15,001 - \$50,000 \(\leq \) \(\	กลู
-4				_	-						_			-		ļ	↓			-	\$50,001 - \$100,000	BLOCK D Amount of Income
_				<u> </u>	 _	<u> </u>	_					<u> </u>	ऻ	_	<u> </u>	\vdash	-	_	-	\vdash	\$100,001 - \$1,000,000	Ō
-4		ļ	-	<u> </u>	┼	ļ	ļ				_	<u> </u>	<u> </u>	-	-		-	-		<u> </u>	\$1,000,001 - \$5,000,000	
		<u> </u>	₽	-	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	\vdash		╀	-	 		<u> </u>	 	Over \$5,000,000	
		<u> </u>	_		 				-			_	_	-	1	1	-				Spouse/DC Income over \$1,000,000*	
														and the same of th							e, v, m	BLOCK E

SCHEDULE IV— TRANSACTIONS Thomas B. Cotton

Page 5 of 8

_										 	 					_		
												See explanatory note on page 4.	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. This column is for assets solely held by your spouse or dependent child.	purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000, include transactions that resulted
						-									PURC	IASE		of Tr
													×		SALE		_	Type of Transaction
					ĺ										EXCHA	NGE		tion
		- Avvers							- Table of the state of the sta			anni anni anni anni anni anni anni anni			Check t Gain Ex	Box if Ca	apita \$20	I 0
		WATER TO THE		Account of the Control of the Contro					· · · · · · · · · · · · · · · · · · ·				10-12-12		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
															\$1,001- \$15,000	,	Þ	
													×		\$15,001- \$50,000		D	
				 											\$50,001- \$100,000		ດ	Ъ
				 ····			•								\$100,001- \$250,000		5	mor mor
										 		ļ			\$250,001- \$500,000		ш	⊒, o
							 			 					\$500,001- \$1,000,000		П	f Tra
_		_												_	\$1,000,001- \$5,000,000		ດ 	Amount of Transaction
	\downarrow						 	_		 					\$5,000,001- \$25,000,000 \$25,000,001)	I	tion
	-		-			<u></u>				 	 			- 1	\$25,000,001 \$50,000,000 Over)	-	
		- [1	1						1					_	1
ļ	\perp	-						·····,					Н		\$50,000,000 Over \$1,000,00	O*		

This page may be copied if more space is required.

SCHEDULE V— LIABILITIES

Name
Z
honas
B.
<u>(a)</u>
etten
Page bo
.
20

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal during the year. are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

	SP, DC,
Example:	
First Bank of Wilmington, DE	SP, Creditor Mo/Year Type of Liability
May 1998	Date Liability Incurred Mo/Year
Mortgage on 123 Main St., Dover, DE	
\$10,00 \$15,00	<u> </u>
\$15,00 \$50,00 \$50,00	
\$100,	000
\$250, \$250, \$500,	
\$500, \$1,00	001- 0,000 TI
\$1,00 \$5,00	
	0,001- 00,000 =
	00,001-
Over	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
None-nota member in 2012		

_	
	Name
1	77
	OMas
	8
	6
	tes
	Page_

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

The state of the s					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
None-not a member in 2012						
•						
2020				!		
					TO AND	
						on the state of th

v
n
`'
T
≐
Ш
⋍
u
ž
┖
_
느
т
~
_
≡
Ŧ
Т
T
ı
ı
ı
l PO
ı
l PO
l PO
—POSIT
l PO
—POSIT
—POSIT
—POSIT
—POSIT

Hamme ROMAS B. Cotton Page & of &

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations): and positions solely of an honorary nature

lions), and positions solely of an nonorary flature.	ay nature.
Position	Name of Organization
1) one	

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

	_					_
					Date	
			effective from date of employment (July 2010)	McKinsey+Co. and myself as participent	Parties To	
	in the aregam	former employees. I have dirested all interest	contribution retrement program for current and	McKinsey Marker Reforment Trust, a defined-	Terms of Agreement	